U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1245-0188
Expires 11-38-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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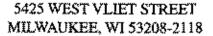
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

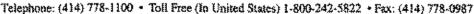
1. File Number U - 7585	2. Fiscal Year Covered From:		
	1/1/04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Michael T. Moorey	Name Shell metal Worker's Local *18 Labor Organization File Number 3/5/4/4		
P.O. Box, Bidg., Room No., If any P.O. Box 139	P.O. Sox, Building and Room Number, if any		
Street W884 VILLAGE Line Ad	Street 5425 W. Wist 57.		
City Sullivan	City Millandee		
State 237 Code + 4 53/78	State 21 Code + 4 53208 - 2118		
5. Position in labor organization. Business 1980T			
Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bidg., Room No., if any	7.b. Arrount		
Street			
City			
State ZSP Code +4			
5ig:	nature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the best of the		
Signed Many	on 8-3-05 414-778-1100		

Name of Person Fläng	F¾e⊅	lumber U-			
B) leid an interest in or derived income or economic benefit with monetary value from a business (1) a Substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Businoss deals with:				
Name '	****				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bkdg., Room Ne., if any	b. Yeust  c. 医mployer				
Street	The section of the se				
Cty					
State ZtP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	:				
Trade Name, if any:	:				
P.O. Box, Skidg., Room No., if any					
Street	Set to American delication and a set				
City	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.				
	17.4 MARINE OF A ROLES HOLD OF 45	20113618021480.			
State : ZIP Code + 4	:				
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	+% B. Raus				
	12.5, Amount				
C. Received from any employer (other than an employer covered under parts A and 8 above) of from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a, Nature of payment,	WALLING AND			
(including trade name, if any).	, T				
Name	`				
Trade Name, if any:	,				
P.O. Box, Bidg., Room No., if any					
Street					
City					
State ZIP Code + 4					
State All Vives The		·			
13.b, to the Business an Employer or Consultant ?	14.b. Amount of payment.	q			
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## SHEET METAL WORKERS INTERNATIONAL ASSOCIATION LOCAL #18 - WISCONSIN AFL-CIO







The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

NAME (PLEASE PRINT) Michael T. Nonvey

SIGNATURE Many St. Moray

DATE: 8-3-05